



# The CAFP Medical Home *Muse*

## Rediscover the Art of Medicine

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### Profiles of Change

**R. Scott Hammond, M.D., FAAFP**

**Westminster Medical Clinic, Westminster**



*Editor's Note: Profiles of physicians who are leading the movement toward Patient Centered Medical Homes will be a regular feature of this newsletter. Colorado Academy of Family Physicians PCMH Chair, R. Scott Hammond, MD, FAAFP, is a senior partner of WestMed Primary Care and is in part-time practice at Westminster Medical Clinic in Westminster, where he has practiced for 28 years. The small, independent group practice includes two other full-time physicians, two physician's assistants and a part-time psychotherapist. Combined with their second location, WestMed Family HealthCare, they provide care for approximately 15,000 patients in northwestern metro Denver. In addition to his CAFP participation, Dr. Hammond is president and founder of a non-profit foundation, the Colorado Center for Chronic Care Innovation. He also provides consultation services to Microlife Medical Home Solutions, a medical device company, and on the PCMH through Primary Care Consultants, Inc.*

**When did you begin to provide patients with a Patient Centered Medical Home?**

Six or seven years ago, I began developing a diabetes clinic based on what is now called "planned care." Shortly thereafter, I discovered Ed Wagner's Chronic Care Model and participated in the Colorado Diabetes Collaborative. It started as a slow evolution but we are on the fast track now.

**Why did you decide to utilize the approach in your practice?**

I had to. There was no choice. Practicing medicine in the status quo was no longer a viable option. I felt that it was an empty "rat-race" approach to care and the future held no professional joy or meaning. It was just a path leading [\(continued page 2\)](#)

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#### *Aaagh! What did I agree to?*

R.Scott Hammond, M.D.,  
Chair, CAFP PCMH Task Force

### TIPS AND IDEAS

When faced with an overwhelming task, it is difficult to know where to start.

**Tip#2: Begin with the end in sight.**

- Clarify the vision for your practice. What is the ideal care and services that you want to deliver?
- Share the details and why they are important in a mission statement.
- Include your staff in its creation.
- Check out [The 7 Habits of Highly Effective People](#), Stephen Covey.

### LINKS

- 1** [Medical Home Forum for physicians](#)
- 2** [Conferences and Events](#)
- 3** [CAFP Medical Home](#)

## ***Aaagh! What did I agree to?***

R.Scott Hammond, M.D., Chair, CAFP PCMH Task Force

*Every new adjustment is a crisis in self-esteem*  
Eric Hoffer

Last month, I discussed the need for change. This month will look at the effect of change. Eric Hoffer, the longshoreman philosopher of the 60s, wrote thoughtful treatises on how change affects people. Like many of the great tomes that I read in my youth, I have forgotten much of the details; however, I occasionally remember the wisdom. In this case, change is a threat to one's identity. Change forces us to question our core values and justify our actions. Change reveals our vulnerabilities and challenges our fortitude and our control. Without a firm sense of our core principles, we become reactive to change and resigned to the hope that things will just work out for the best. We are now faced with reversing the health care crisis in rapid fashion and it will be unpleasant. Redesigning primary care has been described as changing a tire while driving 100 mph. I would disagree. It is like changing 4 tires while driving at 100 mph. I tried the usual physician modus operandi – work harder and longer hours. That did not work well. Then I tried to work smarter and listened to several management tapes driving to work. That did not work well although I did get smarter. I then tried delegating to others but they were as busy as I was and did not understand what the heck I was talking about. Time may be relative but you can not make more of it. I developed heartburn for the first time in my life and my dentist said I was clenching my teeth. Aaagh! What did I agree to? Yes, I agreed to redesign my practice into a PCMH and find the freedom to improve my personal life and professional happiness. I agreed to rekindle the spirit of medicine but I did not agree to trade one taskmaster for another. It was not a matter of thinking outside of the box. I would be happy just to think clearly inside the box and I needed oxygen.

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*New Features coming soon:  
Cool Tools and Spotlight on  
Standards*

## **Profile in Change: R. Scott Hammond, MD, FAAFP (cont)**

me further away from what I enjoyed, having enough time with my patients. In fact, there will be no future for primary care if we do not succeed in this transformation and receive economic reform. Only 2 percent of medical students are selecting Primary Care and studies predict a shortage of 40,000 primary care physicians by 2025.

### **What was the biggest challenge to getting started?**

Sharing the vision. Making idealistic dreams seem practical and useful to my colleagues and motivating their desire for change. Finding the breathing space to get started and the time to make changes continue to be challenges. Finally, changing my concept on what a team really was and abandoning the top-down approach to management are still works in progress.

### **What has been the biggest impact on your practice?**

Developing a collaborative team. Not just one that cooperates but a team of providers and staff that all participate in the total care of the patient. A team that feels accountable to the patient and takes pride in the care we give. Our services have expanded to include electronic health records; same-day access; population management with registry reports; chronic care management for diabetes, COPD, asthma, cardiovascular disease and depression; and group visits for diabetes and weight management. We are certified by the National Committee for Quality Assurance in both diabetes and heart/stroke care. Not bad for a bunch of regular docs.

### **How have patients, insurers, staff and specialists responded to the PCMH?**

Our staff is excited to be more directly involved in patient care in a meaningful way but we are under the radar of any meaningful impact from our patients, insurers and specialists. Our patients seem amused by all the changes and enjoy our new efficiencies and access but still prefer that we do all the work. Insurers give us their stamps of approval and a nice pat on the head, but no money to compensate our efforts or excellence. Our specialists seem to respect the care we give to our patients and the flow of information but have not engaged in more collaborative care plans. This will all improve in due time. We need to build our foundations first.

### **Do you have a favorite brief anecdote relating to the PCMH?**

A new patient recently came in with chronic abdominal pain on a same-day appointment. Labs were drawn at my office and the results returned the following day, on my day off. I checked my labs from home and noted the abnormal results. I called the patient and discussed the diagnosis, warning signs and plan. I e-mailed my office to make an appointment for the next day and sent a specific treatment plan to my Physician Assistant. She re-evaluated the patient and discussed the diagnosis and treatment options. Our medical assistant made arrangements for an outpatient CT for the following day. As this was not a common diagnosis, phone consultation with our GI specialist was made to ensure all was done properly and engage the specialist's assistance if the recovery did not follow the expected course. The work-up was completed and diagnosis confirmed in three days and we were able to avoid a hospitalization. This seemingly simple process required a great deal of coordinated and timely care. It was easy and seamless because of our teamwork.

### **What do you like best about living in Colorado?**

The spirit of the people and the unlimited beauty of the open spaces. I grew up on the East Coast. Need I say more?

(Aaagh! What did I agree to?...continued from page 2)

Ideal Medical Practices ([www.IdealMedicalPractices.org](http://www.IdealMedicalPractices.org)) suggests breathing room. Carve out new time by adjusting your schedule (closing to new patients, extending re-visit intervals, stopping phone interruptions, employing technologies to document patient histories or decrease phoning test results). Even better, schedule out a portion of the day or even a whole day if finances permit i.e. stop the car and change the tire. It is safer and healthier and worth the 'investment' in the long run. I stepped back, reaffirmed my values and principles and made both private and public changes. The future, of course, demands never ending change. The only question is will we determine what is changed or, once again, will some other entity force change on us? Carlos Castaneda quoted Don Juan who said, "Only as a spiritual warrior can one withstand the path of knowledge. The spiritual warrior can not complain or regret anything. Their life is an endless challenge and challenge can not possibly be good or bad. The basic difference between an ordinary person and a spiritual warrior is that the warrior takes everything as a challenge and the ordinary person takes everything as a blessing or curse." Our past AAFP President, Larry Fields, M.D., spoke at the 2005 CAFP annual conference. He called out to our members to be warriors, to persevere, and to overcome the difficult times we face. He championed primary care as the answer to the health care crisis and that we must meet this challenge. More than ever, our success depends on remaining positive and directed while following the changeless core values found in the Patient Centered Medical Home. Become a Primary Care warrior.

*Next Month: Team Med*